

ISSUE SLIP STAPLE AREA (for additional cross references)

D.C.  
2/26/01  
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	2/12/01
FORMALITY REVIEW	TL	912	42/24/01
RESPONSE FORMALITY REVIEW	H	625	(5-16-01)

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/5/01
2	✓	✓	2/5/01
3	✓	✓	2/5/01
4	✓	✓	2/5/01
5	✓	✓	2/5/01
6	✓	✓	2/5/01
7	✓	✓	2/5/01
8	✓	✓	2/5/01
9	✓	✓	2/5/01
10	✓	✓	2/5/01
11	✓	✓	2/5/01
12	✓	✓	2/5/01
13	✓	✓	2/5/01
14	✓	✓	2/5/01
15	✓	✓	2/5/01
16	✓	✓	2/5/01
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18	✓	✓	2/5/01
19	✓	✓	2/5/01
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32	✓	✓	2/5/01
33	✓	✓	2/5/01
34	✓	✓	2/5/01
35	✓	✓	2/5/01
36	✓	✓	2/5/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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